



The Medical Marijuana Registry supports Colorado citizens' medical care needs by administering a statewide program for legal access to medical marijuana.

POLICY AND PROCEDURES UPDATE

December 2013

On August 1, 2013, the Registry released new forms. This *Policy and Procedures Update* provides an overview of recent policy and procedure activity at the Registry. **For questions or comments, please contact us at 303-692-2184 or medical.marijuana@state.co.us.**

PROOF OF IDENTIFICATION AND RESIDENCY CHANGES

MMR Policy #2012-8, The Medical Marijuana Registry Requirements for Proof of Identity, Residency and Patient Relationship, was amended on November 4, 2013 to increase the list of acceptable documents.

Expanded proof of identity documents

- **Colorado-issued fishing and hunting licenses** with issue and expiration dates now prove both identity and residency.
- **U.S. government issued permanent and temporary residency documentation can be used only to prove identity.** Both sides of the ID must be sent and include the full name, issue and expiration dates, and the date of birth. Accepted forms are:
 - Alien Registration Receipt/Permanent Resident Card issued by the U.S. government.
 - Employment Authorization Card (I-766)
 - Temporary Resident Card
 - U.S. Citizenship ID Card (I-197)

Additional proof of residency documents

All patients who submit an ID that was not issued by a Colorado government agency, also must provide proof of residency. The following items have been added to the list of accepted documentation:

- **Colorado motor vehicle registration** issued within the last calendar year that has the patient's legal name and Colorado mailing address.
- **Colorado voter registration** issued within the last calendar year and has the patient's legal name and Colorado mailing address.

Proof of identity or residency appeal process

Patients may contact our Customer Service team for help identifying valid, verifiable documents to prove the following identity criteria:

- Legal name
- Date of birth
- Colorado residency
- Social security number

FEE REDUCTION PROPOSAL TO BOARD OF HEALTH

The Department is submitting a formal request to the Board of Health on December 18, to reduce the fee from \$35 to \$15 for a five-year period to spend down the cash reserve fund surplus.

Documents submitted for Board review may be downloaded from our website. As part of the fee evaluation, we sought stakeholder input through an online survey to which 383 community members responded.

- Of those, 93% support a fee reduction to reduce the cash fund surplus.
- Approximately 40% did not support a dramatic fluctuation in rates.
- Approximately 40% supported set fees that are time limited so the dates of the fee increases are known.

ENHANCING COMMUNITY INVOLVEMENT

We are developing our 2014 community engagement plans and want your input. Currently, we use the following tools to keep the community informed:

- Medical Marijuana Registry website (see below)
- Online surveys linked through our web pages
- Social media notices through the Colorado Department of Public Health's Facebook and Twitter accounts
- Printed newsletters mailed to physicians and medical marijuana centers, and posted on our website

Beginning in 2014, we are also considering:

- Webinars and community-based trainings
- A blog with moderated public comment capabilities

Email your suggestions for enhanced community involvement to carla.adams@state.co.us, please include:

- Full Name
- Organization (if any)
- Mailing Address (optional)
- E-mail address
- Telephone number (optional)

Your information will be added to our stakeholders contact list for future notices and program updates.

TIPS FOR WORKING WITH MINOR PATIENTS

There has been an increase in the number of applications for patients under the age of 18. Following are a few of the common issues that may cause delays in processing:

1. **Incomplete proof of relationship documentation:** The following are required to establish relationship and residency.
 - a. Social security number for the child
 - b. A copy of the certified birth certificate for the child
 - c. A copy of each parent's and/or guardian's current ID
 - d. Proof of residency for the primary parent/caregiver
 - e. Proof of out-of-state residence for any parents/guardians not living in Colorado
 - f. A completed Parental Consent Form (page 4 of form MMR1002 – Minor Application) for all parents living in Colorado.
2. **Inconsistent documentation from physicians:** Two physician certifications must be submitted with minor applications. When the information is inconsistent, such as differences in plant count recommendation or etiology, additional physician verification may be required.
3. **Incomplete documentation establishing sole custody or guardianship:** When only one parent and/or guardian is listed on the minor patient's application, a copy of certified court documents that prove sole custody must also be included.
4. **Missing parental consent:** All forms must be signed by the primary parent until the child is 18 years old.

SOCIAL SECURITY NUMBER REQUIREMENTS

The Colorado constitution requires that all applications include the patient's social security number. Non-US residents and other individuals without a social security number are not eligible to apply for a registration card.

ESTABLISHING GUARDIANSHIP/POWER OF ATTORNEY

Patients who are unable to process their own paperwork may submit proof of relationship documents granting signing and decision authority to another individual (agent or guardian). All documents must comply with the issuing state's laws.

- **To assign Power of Attorney or Medical Power of Attorney** that establishes the rights and responsibilities delegated to an individual for the care of the patient, and the period of time for which these rights are extended. We recommend an acknowledged (notarized or signed by two witnesses) copy. If the form is not acknowledged it may cause delays for additional verification.
- **To establish guardianship** send a copy of the certified, court-issued guardianship papers must include the full legal name of the guardian and the patient, and establish the time period for which guardianship is extended. Must be a final order, have case number and agency's stamp/electronic court seal.

COMMON TRENDS WITH NEW FORMS

Effective November 1, the Registry is only accepting forms with a revision date of August 2013. Following are common errors we have experienced with the new forms.

MMR1012 Caregiver Acknowledgement

- **Only caregivers need to complete this form.** Patients do not need to submit this form if the change is to a medical marijuana center as provider.
- **Caregiver Acknowledgements must come with an application, change of patient records or change of homebound status form.**
- **Section C: Patient Limit Waiver is only required when a caregiver already has five active patients,** not including the applicant for whom the Caregiver Acknowledgment is being submitted.
- **If incomplete caregiver information is provided,** the patient's application may be approved, but the caregiver information will not be printed on the card or added in the patient record.

Physician Certification

- **Etiology is now required** for any designation of cachexia, severe nausea, seizures, persistent muscle spasms or severe pain. If etiology is not included, the physician certification will be rejected.
- **The reason for an increased plant count (21c)** must be included or the count defaults to the standard of 6 plants/2 ounces.
- **The physician's name must match the name on the DEA certification** or the physician certification may be rejected. For example: If the DEA reads 'Mary Jo Smith' and the physician certification has 'Jo Smith' as the name, it may be rejected.

Payment errors

- **Put the patient's name and date of birth or address on the check or money order** to ensure it is associated with the patient. Recently we have seen an increase of payments without a name or with the name of a provider instead of the patient.
- **Make check or money order out to CDPHE.** We cannot accept payments made out to DORA, MED or any other third party. All payments not made out to CDPHE are rejected and returned to the applicant.

Corrections by fax or e-mail

- **Patients should contact Customer Service to verify receipt of corrections when sending by fax or email.** Please be sure all corrections include the patient's full name, phone number, date of birth and/or the last four digits of the social security number. **The Registry does not accept any other form or original submissions of applications by fax or e-mail.**